

2006 SUMMER TRANSPORTATION INSTITUTE PROGRAM
APPLICATION FORM
(A college campus non-residential program)

Please print clearly or type

Name:

Name of Parent or Guardian:

Race:

Address:

Telephone #:

E-Mail Address:

Applicant's Current Grade:

GPA:

SAT Score:

Age:

Date of Birth:

List your Math and Science Classes for Fall 2004:

Math:

Science:

Current School of Applicant:

School Counselor's Name:

Write an essay about your Career Interests and provide 3 letters of recommendation:

Please return to Dr. Chandra Aleong:

Phone # 302-857-7690; Fax:(302) 857-6686

***Mail: Delaware State University
Dr. Chandra Aleong, EH239
1200 DuPont Avenue
Dover, Delaware, 19901***